

SEP 16 2005

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TO: MS: RCE

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FROM:

Kenneth F. Smolik

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USPTO

DATE:

September 16, 2005

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TOTAL NO. OF PAGES: (Including cover sheet)

5

YOUR REFERENCE NO.:

09/322,073

OUR REFERENCE (C/M) NO.:

005222.00281

RE: U.S. Patent Appln. No. 09/322,073
In Re the Appln. Guheen
Web Based Architecture Sales Tool*If you do not receive all page(s) or have any problems receiving this transmission, please call*

NAME:

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COMMENTS:

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Approved for use through 7/31/2006 OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/03/2004.
Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 910.00

Complete if Known

Application Number 09/322,073
Filing Date May 27, 1999
First Named Inventor Michael F. Guheen
Examiner Name Robert Pond
Art Unit 3625
Attorney Docket No. 005222.00261

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	---
Design	200	100	100	50	130	65	---
Plant	200	100	300	150	160	80	---
Reissue	300	150	500	250	600	300	---
Provisional	200	100	0	0	0	0	---

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	00
Multiple dependent claims	360	80
Total Claims		
Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP=	x	=
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP=	x	=
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE and extension of time fee

910.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,344	Telephone	31: 463-5000
Name (Print/Type)	Kenneth F. Smolik			Date	September 16, 2005

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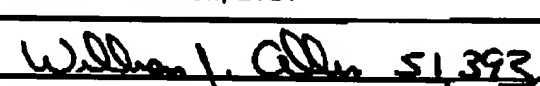
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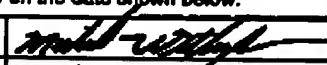
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/322,073
		Filing Date	May 27, 1999
		First Named Inventor	Michael F. Guheen
		Art Unit	3625
		Examiner Name	Robert Pond
Total Number of Pages In This Submission	5	Attorney Docket Number	005222.00261

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to ITC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover sheet Request for Continued Examination Transmittal
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Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Kenneth F. Scifolk		
Date	September 16, 2005	Reg. No.	44,344

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Typed or printed name	Michael F. Guheen	Date	9/16/05

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